

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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For Official Use <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> RECEIVED JUN 20 2004 OLMS DRDA </div>	1. FILE NUMBER <div style="font-size: 1.5em; font-family: cursive;">501-834</div>	2. PERIOD COVERED MO DAY YEAR From <div style="font-size: 1.5em; font-family: cursive;">01012003</div> Through <div style="font-size: 1.5em; font-family: cursive;">12312003</div>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
RANDY CALLAHAN 2 501-834 GOVERNMENT EMPLOYEES AFGE AFL-CIO 240 C 117 NATIONAL INS PO BOX 3649 ESCONDIDO, CA 92033-3649 12/2003 		8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4	
4. AFFILIATION OR ORGANIZATION NAME		City State ZIP Code + 4	
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER		
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes No			
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 04 / 01 / 2004 (443) 260 - 2690 Telephone Number </div>	PRESIDENT (If other title, see instructions.)	77. SIGNED: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 03 / 31 / 2004 (760) 741 - 8988 Telephone Number </div>	TREASURER (If other title, see instructions.)

100-200000/EO183A

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | X |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 6726
19. What is the date of your organization's next regular election of officers? MO YEAR 05 2004
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500 000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 4.50 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 0
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 0 per NONE (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) Yes No X
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? X
24. Did your organization have any contingent liabilities at the end of the reporting period? X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 501-834

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)	
ASSETS	25. Cash		250 729	209 023	
	26. Accounts Receivable		0	0	
	27. Loans Receivable	1	0	0	
	28. U.S. Treasury Securities		0	0	
	29. Investments	2	0	0	
	30. Fixed Assets	5	41 529	30 050	
	31. Other Assets	3	0	0	
	32. TOTAL ASSETS		292 258	239 073	
LIABILITIES	LIABILITIES		From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)	
	33. Accounts Payable		0	0	
	34. Loans Payable	8	0	0	
	35. Mortgages Payable		0	0	
	36. Other Liabilities	4	0	0	
	37. TOTAL LIABILITIES		0	0	
38. NET ASSETS (Item 32 less Item 37)			292 258	239 073	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 501-834

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		331926	56. To Officers	9	0
40. Per Capita Tax		0	57. To Employees	10	0
41. Fees		0	58. Per Capita Tax		0
42. Fines		0	59. Fees, Fines, Assessments, etc.		294
43. Assessments		0	60. Office & Administrative Expense	13	335870
44. Work Permits		0	61. Educational & Publicity Expense ...		0
45. Sale of Supplies		0	62. Professional Fees		36365
46. Interest		2218	63. Benefits	11	0
47. Dividends		0	64. Contributions, Gifts & Grants	12	0
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		0
50. Loans Obtained	8	0	67. Withholding Taxes		0
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	3321
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	0	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members ...		0
			73. Other Disbursements	15	0
55. TOTAL RECEIPTS		334144	74. TOTAL DISBURSEMENTS		375850

FILE NUMBER: 501-834

SCHEDULE 1 — LOANS RECEIVABLE

Form LM-2 (Revised 2000)

SCHEDULE 2 — INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 501-834

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) NONE	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

Description (A)	Book Value (B)
1. NONE	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. NONE	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 501-834

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): <i>NONE</i>	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): <i>NONE</i>	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	44851	14801	30050	25000
7. Other Fixed Assets	0	0		0
8. Totals of Lines 1 through 7	44851	14801	30050	25000
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. <i>NONE</i>	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
		7. Less Reinvestments		
		8. Net Sales		
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 501-834

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. COMPUTERS	3321	2600	3321
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	3321	2600	3321
	7. Less Reinvestments		0
	8. Net Purchases		3321
Enter the Total from Line 8 in ↑ Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. NONE	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ↑ Item 34					
Column (C)		Item 50	Item 70	Item 75	Item 34
				with Explanation	Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 501-834

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. GENTILE Title PRESIDENT	First Name IGNATIUS Status P	0	0	0	0	0
2. NEUERBERG Title PRESIDENT	First Name BRENDA Status C	0	0	0	0	0
3. CALLAHAN Title TREASURER	First Name RANDY Status C	0	0	0	0	0
4. CLYDE Title WFP C	First Name ALFRED J A Status C	0	0	0	0	0
5. WEEKES Title ERVP	First Name STEPHEN Status C	0	0	0	0	0
6. ROGERS Title CRVP	First Name MABEL Status C	0	0	0	0	0
7. BROZ Title EXEC VP	First Name JAMES Status C	0	0	0	0	0
8. Totals from additional pages (if any)		0	0	0	0	0
9. Totals of Lines 1 through 8		0	0	0	0	0
10. Less Deductions				0		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 0		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)


SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 501-834


(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name First Name Position Name of Affiliated Organization					
2. Last Name First Name Position Name of Affiliated Organization					
3. Last Name First Name Position Name of Affiliated Organization					
4. Last Name First Name Position Name of Affiliated Organization					
5. Last Name First Name Position Name of Affiliated Organization					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	0	0	0	0	0
9. Less Deductions			0		
Enter the Total from Line 10 in Item 57 ➡			10. Net Disbursements 0		

SCHEDULE 11 — BENEFITS


FILE NUMBER: 501-834

Description (A)	To Whom Paid (B)	Amount (C)
1. NONE	NONE	0
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		0
Enter the Total from Line 6  Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. NONE	0
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	0
Enter the Total from Line 8 in  Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. TRAVEL	143 978
2. COMMUNICATIONS	22 429
3. POSTAGE	3460
4. OFFICE SUPPLIES	9043
5. OFFICE EQUIPMENT	8235
6. REPRESENTATION	87974
7. Total from additional pages (if any)	60751
8. Total of Lines 1 through 7	335870
Enter the Total from Line 8 in  Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. NONE	0
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	0
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. NONE	0
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	0
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:
GOVERNMENT EMPLOYEES AFGE AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/03

FILE NUMBER: 501-834

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: STEWART First Name: MELVIN Title: WRVP Status: C		0	0	0	0	0
Last Name: STANCZAK First Name: FRANK Title: VPAL Status: C		0	0	0	0	0
Last Name: BONNETTE First Name: JAMES Title: STAFF ASSISTANT Status: C		0	0	0	0	0
Last Name: LEBRON First Name: IVAN Title: STAFF ASSISTANT Status: C		0	0	0	0	0
Last Name: SHOWALTER First Name: CHARLES Title: VPAL Status: C		0	0	0	0	0
Last Name: CAPPELL First Name: BRUCE Title: STAFF ASSISTANT Status: P		0	0	0	0	0
Last Name: PARKIN First Name: JOHN Title: VPAL Status: P		0	0	0	0	0
Last Name: EMORY First Name: JERRY Title: VPAL Status: P		0	0	0	0	0
Totals						

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						